



Biatain Ibu Non-Adhesive

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CASE STUDY

Two and a half weeks treatment of a painful exuding venous leg ulcer with **Biatain Ibu Non-Adhesive Foam Dressing**



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Biatain Ibu



CASE STUDY

Two and a half weeks treatment of a painful exuding venous leg ulcer with Biatain Ibu Non-Adhesive Foam Dressing

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INTRODUCTION

This study describes a patient suffering from a painful venous leg ulcer during a two and a half weeks treatment with **Biatain Ibu** non-adhesive in combination with compression therapy.

Chronic leg ulcers constitute a long term disease and can have a significant negative effect on the patients lifestyle^{1,2}. In addition more than 60% of patients with leg ulcers experience persistent wound pain³ which further add to the negative impact on the patients quality of life.

Foam dressings have become standard in the treatment of exuding chronic wounds, but not until recently was consensus obtained on how to treat the problem of wound pain.

A unique foam dressing with local release of ibuprofen during the entire wear time, **Biatain Ibu**, presents a valuable opportunity in the treatment of exuding wounds with pain due to tissue damage.

Biatain Ibu foam dressings are sterile, single-use, soft, highly absorbent and conformable polyurethane foam dressings containing ibuprofen (0.5 mg/cm²) homogeneously dispersed throughout the foam. The dressings provide an optimal moist wound healing environment and effective exudate management. Ibuprofen is released to the wound bed when in contact with wound exudate. **Biatain Ibu** foam dressings are protected with semi-permeable film backings that are waterproof and provide bacterial barriers. **Biatain Ibu** non-adhesive foam dressings are suitable for use on fragile skin due to the absence of adhesive.

The foam pad and film backing creates an optimal moist wound healing environment. In addition to moist wound healing, **Biatain Ibu** is the first dressing ever to combine moist wound healing with local release of ibuprofen. The ibuprofen is homogeneously incorporated throughout the foam and is released to the wound bed when in contact with wound exudate.



MEDICAL HISTORY

The patient is a 78 years old woman with a painful moderately exuding venous leg ulcer on the outer side of her left leg. The ulcer had persisted for five years at inclusion, and she had suffered from severe wound pain for more than three months. Prior to inclusion, the ulcer had been treated with foam dressings and compression therapy for more than four weeks.

On the 28th of August, treatment with **Biatain Ibu** non-adhesive foam dressing was initiated. Long stretch compression therapy was applied during the entire treatment period and the peri-ulcer skin was treated with barrier cream. At inclusion the ulcer area was 6.8 cm² and consisted of 70% fibrin coverings and 30% unhealthy granulation tissue. Pain intensity was rated to 7 on a 0-10 numeric box scale.

WOUND PROGRESS

Following one week of treatment with **Biatain Ibu** non-adhesive, the wound was reduced by 43%, from 6.8 cm² to 3.9 cm² (Figure 1). After two weeks the ulcer area was 4.2 cm². After two and a half weeks the wound size was measured to 3.0 cm² (Figure 2), corresponding to a relative wound area reduction of 56% (Figure 3). The ulcer now consisted of 30% fibrin coverings and 70% healthy granulation tissue, a distinct wound bed improvement.

DRESSING PERFORMANCE

Biatain Ibu non-adhesive foam dressing demonstrated good moist wound healing properties combined with a reduction in pain intensity. The patient experienced immediate pain relief and rated it as 'much pain relief' and 'complete pain relief' (4-5 on a 1-5 scale). Pain intensity was reduced from 7 at inclusion to 0-1 throughout the five days pain test period, measured on a 0-10 numeric box scale (Figure 4). **Biatain Ibu** non-adhesive foam dressing demonstrated good absorption capacity and no leakage occurred under the compression therapy. Maceration was effectively controlled and was only observed to an insignificant extent at the last dressing change. Pressure marks were rated as 'none or very vague imprints'. The patient experienced the dressing comfortable to wear. The nurses found it easy to use and rated softness, flexibility and conformability as very good (1 on a 1-5 scale). The nurses stated that the dressing fitted well even though the wound was on a difficult-to-dress area. No adverse events were recorded.

CONCLUSION

During the two weeks treatment period:

- **Biatain Ibu** non-adhesive foam dressing offered a pain reducing effect on this painful leg ulcer.
- **Biatain Ibu** non-adhesive foam dressing demonstrated fast wound healing properties.
- **Biatain Ibu** non-adhesive foam dressing caused 'no or very vague' pressure marks.
- **Biatain Ibu** non-adhesive foam dressing provided excellent patient friendliness.

In conclusion, the **Biatain Ibu** non-adhesive foam dressing was found to be an effective dressing choice in the treatment of this painful venous leg ulcer.

REFERENCES

- 1 Philips T et al. Journal of the American Academy of Dermatology 1994;31(1):49-53
- 2 Lindholm C et al. Acta Dermato-Venereologica 1993;7(6):440-443
- 3 Hofman D et al. Journal of Wound Care 1997;6(5):222-224



Figure 1 Already after five days of treatment the ulcer had improved markedly.



Figure 2 At the end of treatment the ulcer area was reduced by 56% and is composed of 70% healthy granulation tissue and 30% fibrinous tissue.

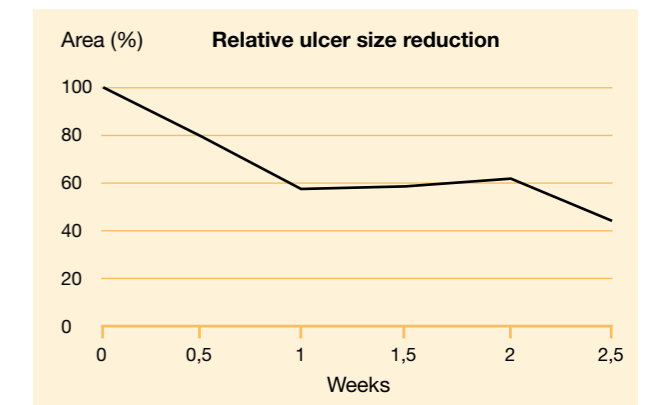


Figure 3 Treatment with **Biatain Ibu** non-adhesive foam dressing caused improved wound bed conditions and reduction in ulcer size.

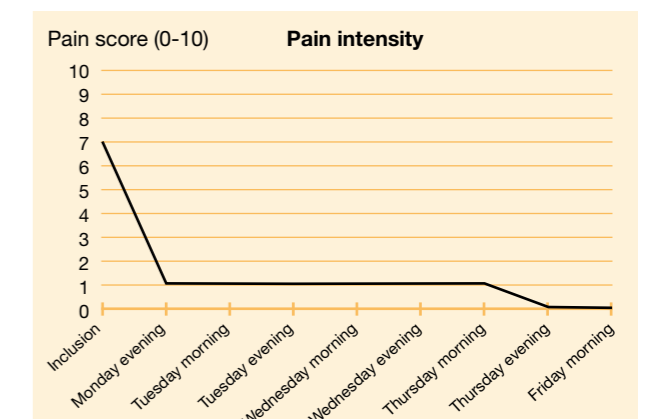


Figure 4 Wound pain intensity dropped fast and significant and stayed at a low level throughout the test period.